



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Takitani	Anthony	P.	(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. Church St., #409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TAKITANI & AGARAN			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. Church St., #409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Clinical Laboratories of Hawaii, LLP	(808) 677-7999	
MAILING ADDRESS (Street)	FAX	
91-2135 Fort Weaver Rd., #300	(808) 677-7990	
(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Francis U. Imada	808-677-7999	
MAILING ADDRESS (Street)	FAX	
91-2135 Fort Weaver Road, Suite 300	808-677-7990	
(City)	(State)	(Zip Code)
Ewa Beach, Hawaii		96706

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

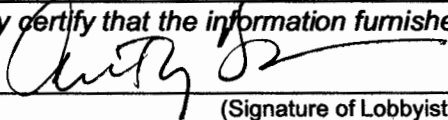
Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

3.15.05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Moon S. Park, M.D.

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Clinical Laboratories of Hawaii, LLP

(808)677-7999

MAILING ADDRESS (Street)

FAX

91-2135 Fort Weaver Road #300

(808)677-7990

(City)

(State)

(Zip Code)

Ewa Beach

Hawaii

96706

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.
(Signature of Authorizing Officer or Person Represented)3/21/05
(Date)